

**MICHIGAN DEPARTMENT OF COMMUNITY
HEALTH
HIV CONTINUUM OF CARE (COC) SERVICES
REQUEST FOR PROPOSALS**

Issued: February 2010

**Services to be provided from 10/01/10 – 9/30/11
PROPOSALS DUE April 22, 2010**

Issued By:

**Michigan Department of Community Health
Division of Health, Wellness and Disease Control
HIV/AIDS Prevention & Intervention Section
Continuum of Care Unit**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
DIVISION OF HEALTH, WELLNESS AND DISEASE CONTROL
HIV/AIDS PREVENTION & INTERVENTION SECTION**

**HIV CONTINUUM OF CARE (COC) SERVICES
REQUEST FOR PROPOSALS
February 2010**

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SECTION I

OVERVIEW AND GENERAL INFORMATION

INTRODUCTION

The Michigan Department of Community Health (MDCH), Division of Health, Wellness and Disease Control (DHWDC), HIV/AIDS Prevention & Intervention Section (HAPIS) is issuing this competitive Request for Proposals (RFP) for HIV Continuum of Care Services (COC) to support eligible programs serving persons living with HIV/AIDS (PLWH/A) and appropriate affected persons in Michigan. Services will be funded by the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White Part B) and the state Michigan Health Initiative (MHI). Funds awarded as a result of this RFP are intended to provide continuum of care services to be delivered *outside* of the Detroit Eligible Metropolitan Area (the counties of Wayne, Oakland, Macomb, Monroe, Lapeer, St. Clair and the City of Detroit).

DHWDC, HAPIS expects to award grants totaling up to **\$3,000,000** during each year of a three year project period beginning October 1, 2010 and ending September 30, 2013. Awards are expected to range from **\$20,000 to \$625,000**. Minority based organizations are strongly encouraged to apply.

ELIGIBILITY

Eligible applicants include:

- 1) Community-based organizations (CBO) and other non-governmental organizations (NGO), including faith-based social service programs
- 2) County, local or tribal government agencies, including local health departments
- 3) Public or non-profit hospitals and medical facilities
- 4) State university programs that provide direct client service and affiliated medical facilities
- 5) Bureau of Primary Health Care funded Federally Qualified Health Centers
- 6) Urban and Tribal Indian Health Centers
- 7) Migrant Health Centers
- 8) Organizations demonstrating joint administrative functions
- 9) Under certain conditions a for-profit health/human service agency¹

Any CBO or NGO applying under this RFP must have been certified by the Federal Internal Revenue Service as a 501(c)3 organization prior to January 1, 2010. A copy of the IRS certificate of non-profit status must be included as an attachment to the proposal. Proposals lacking such documentation may not be reviewed.

Ineligible applicants include:

- 1) Individuals
- 2) State-level government agencies
- 3) Organizations proposing “pass-through” funding

¹ Exceptions may be made when no non-profit agency exists in the area.

SERVICE NEEDS, PRIORITIES, AND STANDARDS

Proposals for services under this RFP must be responsive to community-identified needs and service priorities, which are detailed in the latest DHWDC, HAPIS, *HIV/AIDS Care Needs Assessment*. This document is available on the web at www.mihivnews.com. **Attachments A, B and C** reference; service categories and service definitions, Standards of Service for HIV Medical and Non-medical Case Management Services in Michigan, and Culturally and Linguistically Appropriate (CLAS) Standards and Universal Standards. These documents are posted on the MDCH website, <http://www.michigan.gov/dap>. They are also available through our office. To request a copy send an e-mail to mcelhoneh@michigan.gov.

USE OF FUNDS

Funding awarded under this RFP may be used to pay for personnel, fringe benefits, staff travel, equipment, supplies, contractual services, other direct costs (such as direct client services, staff development, etc.), and administrative costs that can be attributed to a direct cost category. Indirect costs can be considered if the applicant has an approved indirect cost rate agreement. All budgeted costs must be in compliance with OMB Circular A-122 (nonprofit organizations) or A-87 (local governments). Costs for administrative expenses (direct and indirect) cannot exceed 10% of the total funding request.

Funds may not be used for the following: 1) to supplant local or state funds; 2) to make cash payments to intended recipients of services; 3) for acquisition of real property, building construction, alterations, renovations, or other capital improvements, and 4) to duplicate services already available to intended recipients of services.

See **Attachment D**, Budget Narrative Requirements and Allowable Expenditures, and **Attachment E**, DHWDC, HAPIS, Administrative Cost Guidance, for a detailed description of each budget category.

Ryan White Part B and MHI funding are to be used for continuum of care services and must facilitate access to care and/or retention in care.

All programs funded under this RFP must have plans to incorporate the following into their proposed COC program:

- 1) Assisting clients and patients in adherence to HIV drug regimens/HIV therapies
- 2) Linkage and referral to:
 - HIV, hepatitis C, tuberculosis services, substance abuse and mental health care and treatment services
 - HIV prevention services
 - Partner Services
 - Sexually transmitted infection screening and treatment

FUNDING CONSIDERATIONS

In preparing proposals, organizations should consider the following four guiding principles identified by the Health Resources and Services Administration, HIV/AIDS Bureau, as having significant implications for HIV/AIDS care services and treatment:

- Revise care systems to meet emerging needs
- Ensure access to quality HIV/AIDS care, adherence services and linkage systems
- Coordinate services with other health-care delivery systems
- Evaluate the impact of Ryan White and MHI funds and make needed improvements (Continuous Quality Improvement)

Additionally, organizations must address the needs of racial and ethnic minorities who have HIV disease but are not receiving HIV/AIDS primary medical care. Minority based organizations are strongly encouraged to apply. Finally, organizations should incorporate in their programs essential support services that seek to identify, enroll and maintain HIV infected persons in systems of care.

FUNDING DECISIONS

All proposals will be scored by an Objective Review Team (ORT). DHWDC, HAPIS will consider objective review scores as well as other factors such as past provision of service, past performance, provider experience, the level of service need, funding availability, collaborative agreements and partnerships, organizational capacity, etc., when making funding decisions. Additionally, program efficiency, cost effectiveness and the ability to provide quality services may be considered.

EXPECTATIONS OF FUNDED PROGRAMS

Organizations awarded funding under this RFP will be required to implement HIV Continuum of Care Services in accordance with established program standards, as well as state and federal policies and statutes and will be required to:

- Adhere to Culturally and Linguistically Appropriate Services (CLAS) Standards
- Adhere to Universal Standards and if appropriate, Medical and Non-medical Case Management Standards
- Share successes and best practices with other COC funded providers and other funders
- Participate in MDCH sponsored Quality Management/Quality Improvement activities
- Participate in MDCH sponsored activities to enroll HIV positive persons into medical care
- Address the needs of racial and ethnic minorities living with HIV and link them to medical care and support services

Agencies that do not currently offer MDCH funded HIV Continuum of Care Services will be required to provide evidence of their ability to work within the existing system, by obtaining letters of collaboration from other service providers. Any request to provide services in a new or expanded geographic area must be accompanied by evidence of cooperation and agreement with other service providers in the area. Provider(s) may be asked to cover additional geographic areas or counties to ensure that all eligible clients have access to HIV services in every part of the state.

SECTION II

RFP PROCESS AND PROCEDURES

APPLICATION PROCEDURES AND TIMELINE

LETTERS OF INTENT

Applicants are required to prepare and submit a Letter of Intent to apply for funds, see **Attachment F**. Applicants must submit the Letter of Intent by 5:00 p.m. Eastern Standard Time (EST) on **Monday, March 15, 2010** to DHWDC, HAPIS, in person, by mail or by fax. Under no circumstances will Letters of Intent be accepted after the deadline. Proposals will not be accepted from agencies that have not submitted Letters of Intent by the required deadline. Submitting a Letter of Intent does not obligate you to submit a proposal.

Letters of Intent will be used by DHWDC, HAPIS to aid in planning for the Objective Review process. They will not be used as a pre-screening mechanism and are non-binding with respect to the proposed program or level of resources requested. If an organization is expecting to submit a joint proposal, the Letter of Intent should briefly describe any collaborative partnership and indicate the lead agency, if applicable.

PROPOSALS

Proposals, including all attachments, must be received at DHWDC, HAPIS by 5:00 p.m. EST on **Thursday April 22, 2010**. Under no circumstance will proposals be accepted after the deadline. Faxed or e-mailed proposals will not be accepted. Applicants should consider traffic, parking and other factors if delivering proposals by hand. Applicants may want to consider UPS, FedEx or similar trackable services.

Complete proposals consist of:

- 1) Cover letter, signed by authorized agency representative
- 2) Proposal Checklist
- 3) Proposal Summary
- 4) Proposal Narrative
- 5) Budget Narrative
- 6) Required Attachments

Applicants are expected to submit **an original and six (6) complete copies** of the proposal to DHWDC, HAPIS to:

Attn: Hope McElhone

HIV/AIDS Prevention & Intervention Section
Division of Health, Wellness and Disease Control
109 West Michigan Avenue, 9th Floor
Lansing, MI 48913

PROPOSAL FORMAT

All proposals must adhere to the following guidelines:

- 1) Sequentially number all pages, including attachments
- 2) Use a 12 point font
- 3) Include a completed Proposal Checklist
- 4) Include a completed Proposal Summary (**Attachment G**)
- 5) Do not staple or bind any of the copies submitted for review
- 6) Use 8 ½" by 11" paper
- 7) Use 1" margins (top and bottom, left and right)
- 8) One sided only
- 9) Use headers and footers, as appropriate
- 10) The page limit for the proposal narrative section is 30 pages, with single spacing. This page limit does not include the Cover Letter, Proposal Checklist, Proposal Summary, Tables 1 through 6, Budget Narrative, and Proposal Attachments
- 11) Three-hole punch all copies

Up to 10 objective review points will be deducted for proposals that do not follow these guidelines.

PROPOSAL REQUIREMENTS

Proposals will not be reviewed under the following circumstances:

- 1) Evidence of 501(c)3 status is not included for non-profits
- 2) If a Budget Narrative is not included
- 3) If a signed Management Assurance Form is not included
- 4) If a proposal is not submitted by the time and date required
- 5) If an original and 6 copies are not submitted

NOTICES OF AWARD

Notices of Award are expected to be made during the month of July 2010. Each applicant whose proposal is selected for funding will receive written notification. This notice is an announcement of selection, and the receipt of the notice is not legally binding until there is a fully-executed contract. Applicants that are not selected for funding will receive notification.

CONTRACT NEGOTIATION

DHWDC, HAPIS will schedule contract discussions with the authorized agent of the selected organizations. As funds are limited, applicants selected for contract awards may be asked to revise the budget, service categories and/or service levels of their proposals.

Contracts are issued on the state fiscal year (October 1 – September 30). Contracts may be renewed annually throughout the remainder of the project period, based on availability of funding, performance, grantee compliance with contractual obligations, and continued responsiveness to DHWDC's priorities and needs of individuals living with HIV/AIDS.

REVIEW AND EVALUATION OF PROPOSALS

Proposals submitted in response to this RFP will be scored by an Objective Review Team comprised of individuals with no conflict of interest. Applicants should not assume that reviewers will be familiar with their programs or geographic area and should prepare applications accordingly. The review committee will consist of some members who are self-identified as living with HIV.

Brevity and clarity in your proposal is essential. Be succinct, concrete, and use quantified descriptions whenever possible. There will be no calls made to your organization to clarify information. It is the applicant's responsibility to ensure all of the pages are included in all of the copies and all pages are numbered. Reviewers will not have access to pages that were included in the original, but not in their copies.

All proposals will be scored by reviewers according to pre-established criteria.

PROPOSAL POINT VALUES AND PAGE LIMITS

Section	Point Value
Proposal Checklist	N/A
Proposal Summary	N/A
Proposal Narrative	N/A
• Services and Service Area	15
• Organizational Capacity	20
• Community Collaboration and Service Delivery Plan	20
• Outcomes and Evaluation	15
Budget Narrative	15
Attachments * Progress and plans to meet CLAS and Universal Standards	15
Total	100

* A maximum of 5 points may be deducted for each attachment required, but not included in the proposal, and up to 10 points may be deducted for proposals that do not follow the format.

TECHNICAL ASSISTANCE CONFERENCE CALL

DHWDC, HAPIS will conduct a technical assistance conference call for prospective applicants. The conference call will be held on Wednesday, March 17, 2010 from 10:00 a.m. – 12:00 p.m. Registration information is included in this packet as Attachment I. Participation on the technical assistance conference call is not required. Technical assistance questions should be submitted in writing to DHWDC, HAPIS, by Monday, March 15, 2010, at the address indicated below. Faxed questions are also acceptable. DHWDC, HAPIS will distribute a document with answers to substantive questions to all organizations that submit a Letter of Intent subsequent to the technical assistance conference call. Submit technical assistance questions prior to the conference call to:

Attn: Hope McElhone at mcelhoneh@michigan.gov
HIV/AIDS Prevention and Intervention Section
Division of Health, Wellness and Disease Control
109 West Michigan Avenue, 9th Floor
Lansing, MI 48913
517.241.5911 (fax)

DHWDC, HAPIS CONTACT

The sole contact for questions about this RFP is Hope McElhone. Contact information is listed above.

The following documents are available electronically on the web at www.mihivnews.com and <http://www.michigan.gov/dap> or by contacting our office-mcelhonej@michigan.gov

- 1) Michigan's HIV/AIDS Council Part B HIV/AIDS Care Needs Assessment
- 2) Statewide Coordinated of Statement of Need
- 3) Standards of Service for HIV Case Management in Michigan (Medical and Non-medical)
- 4) Culturally and Linguistically Appropriate Services (CLAS) Standards
- 5) Universal Standards
- 6) COC RFP (which also can be found at <http://www.michigan.gov/mdch>)

SECTION III

PREPARING THE PROPOSAL

PROPOSAL CHECKLIST

Proposals should be submitted in the following order with each page numbered consecutively beginning after the cover letter. Indicate below if an item is attached or not applicable to your organization.

- _____ **COVER LETTER** signed by authorized agency representative
- _____ **PROPOSAL CHECKLIST** (this page)
- _____ **PROPOSAL SUMMARY** (RFP Attachment G)
- _____ **PROPOSAL NARRATIVE** (30 page limit)
 - _____ Services and Service Area
 - _____ Organizational Capacity
 - _____ Community Collaboration and Service Delivery Plan
 - _____ Outcomes and Evaluation
- _____ **TABLE 1** Current and Proposed Services
- _____ **TABLE 2A** Funding Request by Service Category
- _____ **TABLE 2B** Work plan
- _____ **TABLE 3** HIV Program Revenue
- _____ **TABLE 4** Client Outcomes
- _____ **BUDGET NARRATIVE**
- _____ **ATTACHMENTS**
 - _____ A) Memoranda of Agreement/Collaboration Letters
 - _____ B) Organizational Chart
 - _____ C) Management Assurance Form, RFP Attachment H1 or H2
 - _____ D) For CBOs and NGOs only-most recent audited financial statements
 - _____ E) For CBOs and NGOs only-501(c)3 certification
 - _____ F) Completed CLAS and Universal Checklists documenting agency compliance (**Tables 5 and 6**)

PROPOSAL SUMMARY

Write a clear and concise summary paragraph for the proposed service: see **Attachment G**. Include a description of the service category(s) to be funded, the number of HIV+ clients to be served, the counties included in the service area and the level of funding being requested.

PROPOSAL NARRATIVE OUTLINE and TABLES 1-6

This section will include both narrative information *and* information contained on Tables 1-6. Both parts will be scored together according to the point values. The completed tables should be inserted after the narrative section, according to the order found in the Proposal Checklist.

Services and Service Area (description and Tables 1 and 2)

a) Describe the proposed geographic area where the services will be delivered. For current DHWDC, HAPIS continuum of care providers, indicate if this service area is the same or different from the area historically served by the program, why the proposed geographic area has been selected, and steps taken to coordinate with the existing provider(s) in the area. For providers *not* currently under contract with MDCH, indicate why the proposed geographic area has been selected and the steps taken to coordinate services with other HIV continuum of care providers. For both existing and new providers, appropriate memoranda of agreement and/or collaboration letters from other providers should be attached to the proposal.

b) Describe the unique needs of persons with HIV in the service area. Indicate how you know this information and how the agency will meet the unique needs of the population. Describe the program's strategies for identifying and linking to services, individuals who know they have HIV, but are not receiving HIV primary medical care and how you will reach the hard to serve and underserved population. Describe the agency's experience assisting newly diagnosed clients to enroll quickly into care as soon as possible after diagnoses. Describe the agency's experience providing services to people who have been incarcerated and how the agency will assist in enrolling them into care quickly and how the agency will assist in retaining them in care. Describe agency's efforts to prevent transmission of HIV by providing preventive services to HIV+ individuals. Describe how PLWHA (persons living with HIV/AIDS) are involved in planning and/or delivery of services. Also, describe how ongoing input from PLWHA is obtained regarding suggested improvements to programs or services and how suggestions are incorporated into your service delivery system.

c) Complete **Table 1, Current and Proposed Services** for the geographic area described above. Refer to <http://www.michigan.gov/dap> for a summary of the MHAC's 2009 Part B HIV/AIDS Care Needs Assessment. The full needs assessment report should be considered when establishing proposed service levels. Proposed service levels should consider identified gaps in services as well as other data, such as the organization's knowledge of local needs. If the applicant does not currently provide

HIV health or other HIV support services, please indicate “N/A” in the Current Services columns.

d) Describe how the proposed program will address the gaps in service. This should include efforts to bring more people “out of care, into care,” linkages with other systems, new and expanded services to be offered, and changes in the service delivery system. Describe how medication adherence and HIV prevention services are integrated into the care system within the organization.

e) Describe the organization’s method to comply with OMB Circular A-122 requirements for Time and Effort Reporting for personnel on the grant. What oversight and evaluation is in place to insure personnel costs billed are “actual” time spent vs. budgeted costs? Identify who in the organization will have the responsibility for implementing Time and Effort Reporting.

f) Complete **Table 2A, Funding Request by Service Category**, to indicate proposed services, number of HIV+ clients, proposed funding, and proposed cost per client. Indicate if any services are to be provided by subcontractors and attach appropriate memoranda of agreement and/or collaboration letters to the proposal. Include **Table 2B (Work Plan)** for each service category in which the applicant is requesting funding. The work plan should include goals and objectives which are specific, measurable, attainable/achievable, realistic and time phased.

g) Describe efforts that will be undertaken to ensure that Universal, CLAS and Medical and Non-medical Case Management Standards are met (if applicable).

Organizational Capacity

- a) Describe the organization’s prior experience in providing HIV continuum of care, treatment adherence, STD, Hepatitis C, HIV prevention, and/or related services including how the organization provides culturally and linguistically appropriate services. If the organization has not provided HIV services in the past, describe the experience of the organization in providing similar services that indicate the capacity of the organization to implement and provide new HIV continuum of care services.
- b) Describe the organization’s structure and how proposed HIV continuum of care services “fit” within this structure, including a description of how the proposed services and programs will assist people in accessing care and retaining them in primary care. Attach an organizational chart showing staffing lines and lines of authority for key personnel. The relationship of service personnel to management and support personnel should be clearly illustrated.
- c) For proposed staff positions associated with the program (regardless of source of funding), provide a brief description of position responsibilities and required employment qualifications.

- d) Describe the organization's ability to manage its financial resources effectively and ensure the organization's long-term financial stability. Describe how the organization secures additional diverse and stable income sources other than Ryan White Part B/MHI funding.
- e) Describe the organization's experience in effectively administering programs, grants or contracts. Describe how services related to this RFP will be monitored, managed, and supervised in order to ensure satisfactory contract performance, including ensuring that Ryan White Part B/MHI funds are the payor of last resort.
- f) Describe the organization's experience in program data collection, reporting, and evaluation. Describe procedures used to ensure data is collected timely and accurately.
- g) Describe in **Table 3, HIV Program Revenue**, the current revenue for all HIV Care and Prevention programs of the organization. Include both public and private sources.

Community Collaboration and Service Delivery Plan

- a) Describe how services will be coordinated with other relevant service providers that provide key points of access to health and support services for PLWHA, and how duplication of services will be avoided. Attach appropriate memoranda of agreement and/or collaboration letters to the proposal.
- b) The DHWDC understands the economic impact experienced at the agency level, with decreased revenue and increased administrative duties. During this funding cycle, the DHWDC encourages proposals from agencies demonstrating joint administration of certain functions. These functions may include, but not limited to: grant accounting, payroll, clinical supervision, and overall agency management. This could be accomplished through a memorandum of agreement or other method.

Outcomes, Quality Management and Evaluation

- a) Identify outcomes for each service category included in your proposal in **Table 4, Client Outcomes**. Outcomes should indicate the positive impact of the service on the client and relate to improved health, improved ability to access HIV related health care and medications, improved ability to adhere to medications, or reductions in risk behaviors that may impair health outcomes.
- b) Describe in **Table 4** and in the narrative how each outcome will be measured, how outcome measurement data will be collected and tabulated, who will be responsible for data collection and reporting, and how often data collection activities will occur.
- c) Describe the agency's current and future Quality Management Plan and staff responsible for QM efforts.

BUDGET NARRATIVE

Prepare a budget narrative for the proposed program. See **Attachment D** for budget narrative requirements. Applicants must comply with the Ryan White Part B/MHI administrative cost policies and the 10% limit on administrative costs. See **Attachment E** for the DHWDC, HAPIS Administrative Cost Guidance. The budget will be examined for consistency with proposed services and service levels and allowable costs.

ATTACHMENTS

- a) Memoranda of agreements and/or collaboration letters from other providers/organizations. Documents must be current and specifically outline roles, responsibilities and commitments of the collaborative organization to the proposed program
- b) Organizational Chart
- c) Attachment H1 or H2, Management Assurance Form
- d) For CBOs and NGOs only, the most recent audited financial statements
- e) Completed CLAS and Universal checklists documenting progress and/or compliance plans
- f) For CBOs and NGOs only, a 501(c)3 certification

TABLE 1

**HIV CONTINUUM OF CARE SERVICES RFP
CURRENT AND PROPOSED SERVICES**

Organization: _____

Service Category CORE MEDICAL SERVICES	Unit of Service	Current Services: # of HIV+ Clients	Current Services: # of Units	(10-01-10 to 9-30-11)	
				Proposed Services: # of HIV+ Clients	Proposed Services: # of Units
Outpatient Ambulatory Health Services					
Oral Health					
Early Intervention Services					
Home Health Care					
Hospice Services					
Mental Health Services					
Medical Nutrition Therapy					
Medical Case Management (including treatment adherence counseling)					
Substance Abuse Services- outpatient					

Table 1 cont.
Current and Proposed Services (10-01-10 to 9-30-11)

Service Category SUPPORT SERVICES	Unit of Service	Current Services: # of HIV+ Clients	Current Services: # of Units	Proposed Services: # of HIV+ Clients	Proposed Services: # of Units
Non-Medical Case Management					
Child Care Services					
Emergency Financial Assistance					
Food Bank/Home Delivered Meals					
Health Education/Risk Reduction					
Housing Services					
Linguistics Services					
Medical Transportation Services					
Outreach Services					
Psychosocial Support Services					
Referral for Health Care and Supportive Services					
Rehabilitation Services					
Respite Care					
Treatment Adherence Counseling					

Note: See Attachment A for Service Category Definitions. Categories in table are based on the 2009 Eligible Service Categories. Employment Services and Legal Services are non-fundable under this RFP.

TABLE 2A and 2B - Funding Request by Service Category and Work Plans

HIV CONTINUUM OF CARE SERVICES RFP CURRENT AND PROPOSED SERVICES

Organization: _____

(10-01-10 to 9-30-11)

Service Category CORE MEDICAL SERVICES	Proposed Services: Number of People Living with HIV to be served.	Funding Request	Cost per Client	Provided by contractor/collaborator	Comments
Outpatient Ambulatory Health Services					
Oral Health					
Early Intervention Services					
Home Health Care					
Hospice Services					
Mental Health Services					
Medical Nutrition Therapy					
Medical Case Management (including treatment adherence counseling)					
Substance Abuse Services-outpatient					

Table 2 A continued

(10-01-10 to 9-30-11)

Service Category SUPPORT SERVICES	Unit of Service	Current Services: # of HIV+ Clients	Current Services: # of Units	Proposed Services: # of HIV+ Clients	Proposed Services: # of Units
Non-Medical Case Management					
Child Care Services					
Emergency Financial Assistance					
Food Bank/Home Delivered Meals					
Health Education/Risk Reduction					
Housing Services					
Linguistics Services					
Medical Transportation Services					
Outreach Services					
Psychosocial Support Services					
Referral for Health Care and Supportive Services					
Rehabilitation Services					
Respite Care					
Treatment Adherence Counseling					

Note: See Attachment A for Service Category Definitions. Employment Services and Legal Services are non-fundable under this RFP.

Work Plan Table 2B

Attachment 2B should be a work plan for each service category that documents goals and objectives which are specific, measureable, obtainable/achievable, realistic and time phased.

Goal 1
Objective 1
Objective 2
Objective 3
Objective 4

TABLE 3**HIV CONTINUUM OF CARE SERVICES RFP 2010
HIV PROGRAM REVENUE****Organization:**

Service Description	Current Revenue	Source of Revenue	Period of Award
Continuum of Care Services (Includes Part B, MHI, Part C, Part D, EIP, and HOPWA, list separately)			
HIV Prevention Services (including Partner Services)			
HIV Counseling and Testing Services			

Other funded HIV services, please describe			
Other revenue for HIV programs from donations, fundraising, foundations, private grants etc., please describe			
Total Revenue All HIV Programs			

TABLE 4

**HIV CONTINUUM OF CARE SERVICES RFP 2010
CLIENT OUTCOMES**

Organization: _____

Service Category	Client Outcome	How Will Outcome be Measured	How Will Data be Collected, Who Will Collect the Data and How Often

TABLE 5: Agencies must document plans in meeting these standards.

NOTE: If funded, progress towards CLAS will be monitored.

CLAS Standard	PLAN (10/1/10 – 9/30/11)
Standard #1: Culturally Competent Care Service providers should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.	
Standard #2: Diverse Staff and Leadership Service providers should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area. For nonprofit organizations, this includes a diverse Board of Directors.	
Standard #3: Education and Training Service providers must ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery annually.	

CLAS Standard	PLAN (10/1/10 – 9/30/11)
<p>Language Access Services Standard #4: Service providers must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.</p>	
<p>Standard #5: Service providers must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.</p>	
<p>Standard #6: Service providers must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).</p>	
<p>Standard #7: Service providers must make available easily understood patient-related materials and post signage in the languages of the commonly</p>	

CLAS Standard	PLAN (10/1/10 – 9/30/11)
encountered groups and/or groups represented in the service area.	
Standard #8: Service providers should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.	
Standard #9: Service providers should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.	
Standard #10: Service providers should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, provided to the Michigan Department of Community Health as part of their reporting, and periodically updated.	

CLAS Standard	PLAN (10/1/10 – 9/30/11)
<p>Standard #11: Service providers should ensure that staff at all levels have access to and are familiar with the HIV/AIDS epi profile and needs assessment data, in order to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the HIV/AIDS population in the service area.</p>	
<p>Standard #12: Service providers should develop participatory, collaborative partnerships with community-based organizations and communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.</p>	
<p>Standard #13: Service providers should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.</p>	
<p>Standard #14: Service providers are encouraged to regularly make available to the public information about their progress and successful</p>	

CLAS Standard	PLAN (10/1/10 – 9/30/11)
innovations in implementing these standards and to provide public notice in their communities about the availability of this information.	

Table 6: Applicants must document progress or plans in meeting these standards. Table 6 should be an attachment to the proposal.

1.0 Universal Standards 2.0						
Standard		Measure		Yes	No	If yes, document progress, if no, document plans to meet these Standards
1.1	Providers must have formal collaboration agreements with medical providers, other HIV service organizations and prevention programs, as well as city, county, state, federal and private organizations providing similar services in the community.	1.1	Documentation/copies of formal agreements with other organizations are on file at agency and are updated annually.			
1.2	Staff should be familiar with and have access to an updated and comprehensive resource list of available services for persons living with HIV.	1.2	Copy of resource list available at agency.			
1.3	Providers must have regular hours of operation in an appropriate setting and have walk-in services available to clients.	1.3	Documentation of hours of operation. Documentation of flexible hours. Walk-in policy			
1.4	Providers must ensure that accommodations can be made for clients who cannot schedule appointments during “normal” business hours and that service hours are appropriate for target populations.	1.4	Documentation of flexible hours of operation.			
1.5	Procedures should be in place, which ensure coverage of the caseload in the absence of staff or when a position is vacant, and how clients should obtain emergency assistance	1.5	Agency policy on file.			

	outside of regular work hours.					
1.6	Services must be appropriate for the target population, (see CLAS Standards).	1.6	Agency adheres to CLAS Standards.			
1.7	Agencies must have policies in place to ensure that financial resources are not used to provide items or services for which payment has already been made or can reasonably be expected to be made by third party payers, including Medicaid, Medicare, other Federal, State or local health programs or insurance plans, prepaid health plans, private insurance, and other entitlement programs.	1.7	Policy on financial eligibility, payer of last resort, and client eligibility.			
1.8	Agencies must develop a comprehensive screening process to determine a client's eligibility for alternative resources.	1.8	Copy of screening tool.			
1.9	Case managers must be adequately and appropriately experienced and trained. The minimum educational requirements for someone providing case management is an RN, (with a Baccalaureate Degree in Nursing preferred), a Bachelor of Social Work (BSW) degree, or other related health or human service degree from an accredited college or university. Alternatively, related experience can be substituted which has been performed under the supervision of a human service professional for a period equivalent to two (2) years of full time service, regardless of academic preparation.	1.9	Copies of staff resumes and credentials.			

1.10	Agencies provide staff with job descriptions that address minimum qualifications, core competencies, and job responsibilities.	1.10	Copies of job descriptions.			
1.11	<p>Upon hiring, staff should be provided with a structured orientation, which includes:</p> <ul style="list-style-type: none"> • An initial orientation to the Standards of Service for HIV case management in Michigan; • Agency policies regarding confidentiality, security of client information, and grievance procedures; • An introduction to applicable local, state, and federal referral resources and programs, and related eligibility criteria; • Review of the client eligibility and intake process, and required client file documentation; • Basic and advanced information on HIV disease; • Basic knowledge of HIV transmission risks and secondary prevention; • Any other relevant policies of the organization; and • Professional boundaries in relations between staff/volunteers and case management clients. 	1.11	<p>Copy of orientation process or checklist is on file at agency.</p> <p>Employee documentation that orientation occurred.</p> <p>Documentation of local, state and federal resources and other services/programs available to PLWH/A.</p>			

1.12	All staff hired to provide case management must successfully complete the MDCH/DHWDC/HAPIS, HIV/AIDS Case Management Certification Training and Examination to be certified as a case manager within one (1) year of beginning employment as a case manager.	1.12	Documentation of Case Management Certification for all case managers employed.			
1.13	Case managers must be re-certified every two (2) years through completion of training updates approved by MDCH/DHWDC/HAPIS.	1.13	Documentation of recertification for all case managers within two (2) years of initial certification.			
1.14	Agencies must facilitate routine and consistent in-house in-services/training related to policies and practices, case management standards, community resources, documentation, and other essential topic areas relevant to HIV case management.	1.14	Documentation or log of in-services/training and a list of participants.			
1.15	Staff should have access to external training resources as deemed necessary for professional skill development. Agencies should have a mechanism in place to assess staff training needs on a regular basis and allow continuing education and professional development opportunities to be pursued by their staff.	1.15	Documentation or log of external trainings. Documentation of staff training needs.			
1.16	Each provider will have a policy pertaining to client confidentiality that is in accordance with federal laws, 42 C.F.R. 2.31 and Michigan's HIV Confidentiality Law, MCL 333.5131.	1.16	Agency confidentiality policy exists and signed confidentiality statements for each staff member who has access to confidential			

	All staff who have access to confidential information will sign a confidentiality statement.		information are on file.			
1.17	As part of the confidentiality policy, all agencies will provide Release of Information forms specifying HIV-related information and include a description of the circumstances under which client information can be released, name of agency/individual with whom information will be shared, specific information to be shared, duration of the release consent, and client's signature.	1.17	Agency release of information policy.			
1.18	Client information transmitted through a facsimile (FAX) machine may only be transmitted under conditions that ensure that strict confidentiality is maintained by the agencies and/or persons sending and receiving the client information.	1.18	Agency policy on faxing documents and confidentiality.			
1.19	Agencies must provide a secure storage system for client files (hard copy), which prevents access by unauthorized persons. Files must be stored in locked storage units within a room or facility, which is securely locked and restricted from public access.	1.19	Agency policy and practice on storing client files.			
1.20	Agencies storing client information on computer hard drive, electronic media or other automated systems must ensure that: <ul style="list-style-type: none"> • Access is blocked by a security code and limited to case management staff 	1.20	Agency policy on storing client information electronically. Under no circumstances should a CD, flash drive, or other electronic media which contains client names			

	<p>cleared for use;</p> <ul style="list-style-type: none"> • Interdepartmental systems block access between departments; • Computer monitors are placed to prevent unauthorized viewing; • Systems with modems are blocked from outside agency access; • Agencies provide consumers the necessary information for an educated choice regarding the security of email transmittals; and • Proper backup procedures are systematically followed for critical client information. 		or identifying data be removed from the agency			
1.21	<p>Client files and information which are transported outside the provider agency should be handled in a manner which ensures absolute security and confidentiality, i.e., never left unattended, transported in a manner (envelope, file, briefcase, etc.) which does not disclose client-specific information, and handled only by authorized persons. Agencies should have procedures in place to document when and by whom client files are removed from and returned to the filing system.</p> <p>Client files which are transported through the U.S. mail system or commercial carrier should be securely packaged, marked as "confidential" on the face of the package, and shipped at a rate comparable to "first class" mail or by</p>	1.21	Agency policy on transporting client files.			

	using certified or registered mail.					
1.22	Each agency will have a policy identifying the steps a client should follow to file a grievance and specific action items and responsibilities of the client and the agency. The final step of the grievance policy should include information on how the client may appeal the decision if the client's grievance is not settled to his/her satisfaction within the provider agency.	1.22	Client grievance policy on file at agency.			
1.23	New clients are to be informed of the grievance policy and procedures during intake. Clients will be reminded of the grievance policy at any time that a problem is identified that may result in a grievance.	1.23	Documentation that new clients receive information on agency grievance policy.			
1.24	All providers must provide a copy of a grievance to MDCH-DHWDC-HAPIS within three (3) business days.	1.24	Grievance on file at MDCH.			
1.25	All providers must provide a copy of the resolution of a grievance to MDCH-DHWDC-HAPIS within three (3) business days.	1.25	Grievance resolution on file at MDCH.			
1.26	Agencies must have policies and procedures that protect the rights and outline the responsibilities of the clients and the agency. All clients have the right to be treated respectfully by staff, and the client's decisions and needs should drive services. Agencies must develop a written	1.26	Policy on client rights and responsibilities and documentation that client received this information.			

	Client Rights and Responsibilities Statement that is reviewed with each client, signed by the client, and a copy provided to the client during the intake or assessment process.					
1.27	Agencies must obtain written informed consent to serve for the delivery of HIV services from their clients.	1.27	Consent to serve form in each client file.			
1.28	Agencies can reserve the right to refuse services to clients who are verbally or physically abusive to staff, or who possess illegal substances or weapons on agency property.	1.28	Agency policy on file.			
1.29	Agencies must develop a quality management or assurance plan, which evaluates HIV case management services based on established standards. Quality assurance may include peer review, independent chart audits, and/or other measures of program performance that assess the quality, quantity, appropriateness, cost effectiveness and outcome/impact of case management services.	1.29	Quality management plan and evaluation of activities are on file at agency. Results of quality assurance activities and evaluation on file at agency.			
1.30	Agencies must systematically monitor the needs, priorities and preferences of the communities served, and adjust programs accordingly.	1.30	Documentation on file at agency.			
1.31	Each agency must conduct periodic client satisfaction surveys, at least annually, to determine the level of client satisfaction with case management services provided by	1.31	Client satisfaction surveys and results on file at agency. Changes in services, based on evaluation results, are			

	the agency. The agency should carefully review the results of the surveys for the purposes of making decisions about revisions to the services offered or the service design and delivery system, to better address changing client needs.		on file at agency			
1.32	Agencies are also encouraged to establish a client advisory group, which may provide formal and/or informal advice and recommendations. An advisory group should be representative of the client population being served through the program and it should meet regularly for purposes of providing improvement suggestions about services or service design and delivery, and input about client needs.	1.32	Documentation of client advisory group meetings, number of people on advisory group, and its recommendations.			

SECTION IV

ATTACHMENTS

Attachment A

HIV Continuum of Care Services RFP 2010

Service Categories and Definitions

Allowable Program Services	
Core Medical Services	
a.	Outpatient /Ambulatory health services
b.	Oral health care
c.	Early Intervention Services
d.	Home health care
e.	Hospice Services
f.	Mental health services
g.	Medical Nutrition Therapy
h.	Medical Case Management (including Treatment Adherence)
i.	Substance abuse services–outpatient
Support Services	
j.	Case Management (non-Medical)
k.	Child care services
l.	Emergency financial assistance
m.	Food bank/home-delivered meals
n.	Health education/risk reduction
o.	Housing services
p.	Linguistics Services
q.	Medical Transportation Services
r.	Outreach services
s.	Psychosocial support services
t.	Referral for health care/supportive services
u.	Rehabilitation services
v.	Respite care
w.	Treatment adherence counseling

Ryan White Program Services HRSA Definitions

CORE SERVICES

Service categories:

- a. **Outpatient/Ambulatory** is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.
- b. **Oral health care** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
- c. **Early intervention services (EIS)** include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.
- d. **Home Health Care** includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, diagnostic testing, and other medical therapies.
- e. **Hospice services** include room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.
- f. **Mental health services** are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services.

This typically includes psychiatrists, psychologists, and licensed clinical social workers.

- g. **Medical nutrition therapy** is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.
- h. **Medical Case management services (including treatment adherence)** are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.
- i. **Substance abuse services-outpatient** is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

SUPPORT SERVICES (non-medical services)

- j. **Case Management (non-Medical)** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
- k. **Child care services** are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training.

NOTE: This does not include child care while a client is at work.

- l. **Emergency financial assistance** is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.

- m. **Food bank/home-delivered meals** include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.
- n. **Health education/risk reduction** is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.
- o. **Housing services** are the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.
- p. **Linguistics services** include the provision of interpretation and translation services.
- q. **Medical transportation services** include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
- r. **Outreach services** are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e., case finding), not HIV counseling and testing nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.
- s. **Psychosocial support services** are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.
- t. **Referral for health care/supportive services** is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case

management system by professional case managers, informally through support staff, or as part of an outreach program.

- u. **Rehabilitation services** are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.
- v. **Respite care** is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.
- w. **Treatment adherence counseling** is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

Attachment B

HIV Continuum of Care Services RFP 2010

The Standards of Service for HIV Case Management in Michigan –Medical and Non-medical

This document can be downloaded from www.mihivnews.com and MDCH website: <http://www.michigan.gov/dap>

Attachment C

HIV Continuum of Care Services RFP 2010

Culturally and Linguistically Appropriate Services (CLAS)
Universal Standards

This document can be downloaded from the www.mihivnews.com MDCH
website: <http://www.michigan.gov/dap>

Attachment D

HIV Continuum of Care Services RFP 2010 Budget Narrative Requirements and Allowable Expenditures

DEFINITIONS

Service/Program Costs

Service/program costs are those that can be identified specifically with a particular award, project, service, or other direct client service activity of an organization. They include wages and benefits of employees who directly provide the service to the clients, related fringe benefits, direct service/program staff travel, and program supplies and materials.

Service/program costs also include those incurred under contractual arrangements with subcontractors who provide direct client service such as mental health counseling, nutritional counseling or other supportive services. Service/program subcontractors are those entities that must comply with the same MDCH contract provisions that the organization does.

Service/program costs in the budget category “other” include, but are not limited to, direct payments to providers of services made on behalf of clients, and the following allowable costs, only if documented to be direct service related; space costs, communication, lease payments for equipment, mailing costs, equipment maintenance costs, and printing costs.

Any service/program cost incurred must have a direct relationship to the client service provision activities of the organization.

Administrative/Indirect Costs

Administrative costs can include direct costs, which can be identified with the management and administration of a particular program, or indirect costs, which are for common or joint purposes across the agency. Direct costs can include costs spread across budget categories such as staff salaries and fringes related to management oversight, quality assurance activities, entering and reporting URS data, preparing progress reports, preparing funding applications and proposals, development and use of reimbursement and accounting systems, and compliance with contract conditions and audit requirements. Other direct administrative expenses may include administrative supplies, and costs such as fees for evaluators, auditors or payroll services which would be placed in the appropriate budget category.

Indirect costs may benefit more than one award, project, service or other direct activity of the organization and cannot be readily identified with a particular one of them. When

allowed, indirect costs are part of an organization's total administrative costs, but are usually identified as a rate, which is then applied to certain costs and calculated as a total dollar amount. This cost category can only be used if an agency has received an indirect rate approval from the State of Michigan or another Federal funding source. Non-profits and State Universities must submit documentation of the indirect rate approval with their Ryan White Part B/MHI budgets.

The combination of administrative and indirect costs cannot exceed 10% of each organizations total Part B/MHI budget. See Attachment E, DHWDC, HAPIS, Administrative versus Service/Program Cost Budget Guidance.

RESTRICTIONS ON USE OF FUNDS

Funds awarded under this RFP may not be incurred for any of the following:

- 1) To supplant or replace funding from any other source.
- 2) To provide items or services for which payment has already been made or can reasonably be expected to be made by third party payors, including Medicaid, Medicare, other Federal, State or local health programs or insurance plans, prepaid health plans, private insurance, and other State or local financial benefit and service programs. Ryan White Part B funds are the "payor of last resort."
- 3) To purchase or improve land, or to purchase, construct, or make permanent improvement to any building, except for minor remodeling, with grantor approval.
- 4) To make direct payments to recipients of services.
- 5) To make payments on behalf of recipients for home mortgages, local or State personal property taxes, funeral, burial, cremation or related expenses, and clothing.
- 6) To make payments on behalf of recipients for costs of obtaining, owning or maintaining a vehicle. Mileage reimbursement may be made to recipients of service for travel which enables them to attend needed medical or support service appointments, but should not exceed the established IRS reimbursement rate. Use of vouchers/gas cards as an alternative for mileage reimbursement, which can not be easily converted to cash, is strongly encouraged.
- 7) To pay for professional licensure or to meet program licensure. Funds may be used to support specific HIV training which enhances the quality or delivery of services.

BUDGET NARRATIVE REQUIREMENTS

The budget narrative should be prepared for a one year period. For each category below, a **detailed** description of the purpose of the expenditure and the methodology used to determine the specific cost. The description should **clearly** indicate the allocation between 1) service/program costs and 2) administrative costs (including overhead and indirect expenses). See the example provided at the end of this attachment.

Salaries and Wages

For each staff position to be funded by Ryan White Part B/MHI funds, state the title, annual salary or wage, percent of a full time equivalent (FTE) dedicated to the program, and amount charged to the program. If partial funding is requested for a position, indicate the other sources of funds for this position. Provide a brief description of position responsibilities. For positions with both program and administrative responsibilities, indicate the allocation between the two categories.

Fringe Benefits

Indicate, by percentage of total salary or actual cost, fringe benefits associated with above salaries. Describe items included in the amount and allocate between program and administrative based on salary allocation.

Travel

All travel must directly benefit the work supported by Ryan White Part B/MHI funding and includes staff travel costs incurred for client services and attendance at trainings and conferences. Out-of-state travel is not allowed with these funds. List all travel anticipated for the one year period. Be specific about who will travel, where, when and why it is necessary. Include reimbursement rates for mileage, lodging and meals. Indicate how many miles, overnights, etc., are to be supported annually. **Do not** include costs of travel provided to clients in this category, these costs should be included in "other expenses". Indicate the allocation between program and administrative if applicable.

Supplies and Materials

Describe the types of supplies and materials needed to support client services and general office supplies for staff associated with the program. Supplies should be reasonable, appropriate to the services supported under this RFP and be proportionate to the program. Computer software should be included in this category. Equipment under \$5,000 per item should also be included in this category. Indicate the allocation between program and administrative costs if applicable.

Contractual

Describe the services that will be provided by another organization through a subcontract, how payments are made to the subcontractor, for example an hourly rate and the number of hours/visits, and the total dollar amount of the subcontract. This category should include any subcontractors identified in the narrative and Tables of the application. Contracts for a single service or project e.g. payroll, accounting, mental health services are considered vendors, and should be budgeted under “other”.

Equipment

This category is for items with a unit cost over \$5,000. Proposed expenditures for purchase of equipment must be essential to the delivery of services and proportionate to the proposed programming.

Other Expenses

This category includes all other costs associated with services funded by Ryan White Part B/MHI including, but not limited to, direct payments to providers of services made on behalf of clients, space costs, communication, lease payments for equipment, mailing costs, equipment maintenance costs, printing costs, accounting and auditing costs, general agency insurance, depreciation and consultants. Be specific in describing each item in terms of what it is, why it is necessary, and how it relates to the proposed program. Some specific requirements for the budget narrative include:

Payments made to providers on behalf of clients should be itemized by service category and be proportionate to the service levels proposed in the narrative and Tables of the application.

Description of space costs should describe the method of allocation to Ryan White Part B/MHI such as square footage occupied by staff, and costs to which the allocation is applied.

Description of communications should detail method of determining costs allocated to Ryan White Part B/MHI and number of phone lines/internet connections required by staff.

Description of equipment lease payments or maintenance should indicate the nature of the equipment and the purpose as it relates to Ryan White Part B/MHI funding.

Description of printing and mailing costs should describe the nature of the items such as client mailings, client brochures, client service forms etc.

Consultants are those persons or agencies that are utilized for a limited project that is not a direct client service such as accounting and audit fees. The nature and purpose any services to be provided by consultants should be detailed.

Direct administrative costs examples include accounting and auditing costs, general agency insurance, and depreciation, and allocated costs of space, communication, etc. that do not support program staff.

Indirect costs are always administrative and when combined with other administrative costs, must fall under the 10% cap. This cost category can only be used if an agency has received an indirect rate approval from the State of Michigan or another Federal funding source. Nonprofits and State Universities must submit documentation of the indirect rate approval with their Ryan White Part B/MHI budgets.

PARTIAL BUDGET NARRATIVE EXAMPLE

The following example of costs and format is not all inclusive nor is it indicative of any cost expectations of applicants. It is only to serve as guidance for presenting allocation of costs between program and administrative and to provide sample salary and budget category descriptions. Detailed descriptions have only been provided for the Clinical Supervisor and the Fringe category.

Total	Program Costs	Administrative Costs
<u>Salaries and Wages</u>		
<u>Clinical Supervisor</u>		
Annual Salary \$20,000		
FTE .5		
Salary Charged to Part B/MHI \$10,000 \$10,000	\$9,000	\$1,000
Facilitates case conferences, resolution of client issues, and procures client resources which approximates 90% of time charged to Part B/MHI. Supervises program staff, provides needed staff training, coordinates programming, assists with the design and maintenance of data collection system, prepares all required program reports, evaluates staff performance and assists with quality assurance which approximates 10% of time charged to Part B/MHI. Remainder of salary funded by HOPWA and Early Intervention grants.		
<u>Case Manager</u>		
Annual Salary \$15,000		
FTE 1.0		
Salary Charged to Part B/MHI \$15,000 \$15,000	\$15,000	
(description not included in example).		
<u>Client Advocate/Support Staff</u>		
Annual Salary \$15,000		
FTE .8		
Salary Charged to Part B/MHI \$12,000 \$12,000	\$9,300	\$2,700
(description of responsibilities that are 77.5 % program and 22.5% administrative not included in example). Remainder of salary funded by HIV Prevention grant.		
Total Salaries and Wages \$37,000	\$33,300	\$3,700
<u>Fringe</u> \$7,400	\$6,660	\$740
Fringe is charged at a composite rate of 20% and includes employer share of payroll taxes, health insurance and unemployment insurance.		
<u>Travel</u> \$500	\$500	
(description not included in example).		
<u>Supplies and Materials</u> \$1,600	\$1,600	
(description not included in example).		
<u>Contractual</u> \$1,000	\$1,000	
(description not included in example).		
<u>Equipment</u> \$0		
<u>Other Expenses</u>		
Communications (description not included in example) \$750	\$500	\$250
Space Cost (description not included in example) \$750	\$500	\$250
Direct Client Assistance (itemized list and description not included in example) \$10,000 \$10,000		
Professional Liability Insurance (description not included in example) \$500		\$500
Total Other \$12,000	\$11,000	\$1,000
Total Funding Request \$59,500	\$54,060	\$5,440

Attachment E

HIV Continuum of Care Services RFP 2010

DHWDC, HAPIS Administrative Versus Service/Program Cost Budget Guidance Issued

Introduction

This guidance covers some of the more frequent costs associated with Ryan White Part B/MHI programs, and is not intended to include every activity a program might be engaged in.

The general rule regarding administrative costs is that specific administrative costs, indirect costs and other overhead cost distributions combined cannot exceed 10% of each agency's total Ryan White Part B/MHI budget.

According to the CARE Act legislation, states must ensure that administrative costs of entities and subcontractors who receive Ryan White Part B/MHI allocations do not exceed 10%, in the aggregate, of the total allocations.

DHWDC, HAPIS has implemented this Ryan White requirement by limiting administrative costs to 10% of the total allocation each individual agency or program receives through its direct MDCH agreement. Administrative activities are defined as (excerpt from the 2002 Ryan White CARE Act Part B Manual, Section II, Chapter 5, page 41):

- (i) usual and recognized overhead, including established indirect rates for agencies;
- (ii) management oversight of specific programs funded under this title; and
- (iii) other types of program support such as quality assurance, quality control, and related activities.

For further guidance, refer to the 2002 Part B Manual, Section II, Chapter 5, "Cost for Administration, Planning, Evaluation, and Quality Monitoring". For purposes of your review, the relevant sections of the chapter are those that discuss "subcontractors" or "first-line entities". In the manual, "subcontractors" are the agencies or programs receiving Title II (now Part B) allocations from the state. The state is referred to as "the Title II (now Part B) Grantee" throughout the chapter.

It should be noted that the 10% cap is intended to be a ceiling on costs, not a floor. In other words, to the greatest extent possible, administrative costs should be kept to a minimum, and administrative costs of less than 10% are encouraged.

Specific Budget Line Item Guidance

Salaries Line 1

Service/program costs are for staff directly involved in client service activities. This includes direct client interaction, preparing forms or tools for client services, developing client service policies and procedures, and procuring community resources for client services.

Activities of “clinical” supervision such as case conferences, resolution of client issues, or procuring resources are considered part of direct services. Supervisory time spent on preparation of staff evaluations, hiring staff, compensation decisions or other personnel issues are not part of direct services.

The portion of time of a staff position considered administrative includes: management oversight, quality assurance activities, entering and reporting URS data, preparing progress reports, preparing funding applications and proposals, development and use of reimbursement and accounting systems, and compliance with contract conditions and audit requirements.

Thus, for personnel who are responsible for multiple agency programs, a determination of how much time and related salary is needed for Ryan White Part B/MHI programs must be calculated first. Then a determination of time and related salary spent on direct service provision must be made to determine service/program costs. All other time and related salary spent on administrative functions outlined above falls under the 10% cap on administrative costs.

Fringe Line 2

The split between administrative and service/program costs is based on the salary allocation above. Thus if actual costs are used, they must be prorated between administrative and service/program costs based on the salaries. If a combined fringe rate is used, the rate should be applied to the salaries allocated between administrative and service/program costs.

The allocated salaries and fringe for administrative costs fall under the 10% administrative cap.

Travel Line 3

Based on the functions outlined above, service costs are those incurred by staff for travel to provide direct client service. This would also include travel and registration fees for staff training or conferences that enhance client service provision activities.

Other travel such as to a statewide planning meeting is an administrative cost.

Supplies and Materials Line 4

Service costs include only those items directly related to providing client service such as materials needed for client charts, client service brochures (not overall agency

brochures), office supplies used by direct service staff, and equipment under \$5,000 per item used exclusively by direct service staff, or allocated portions of equipment under \$5,000 per item based on the functions outlined above.

Administrative costs would include general agency office supplies or computer software used for general agency purposes.

Contractual Line 5

Service costs are those associated with agency subcontracts with other providers for direct Ryan White funded services such as mental health counseling, substance abuse treatment or other supportive services. Subcontract recipients in this category are those that must comply with the same MDCH contract provisions that the agency does and are usually for direct client service.

Equipment Line 6

This budget line item is only used if an item is over \$5,000 in unit cost. The split between administrative and service costs would follow the method described under supplies.

For example, a computer used exclusively by a case manager would be a service cost. A computer used only for the agency's accounting system would be an administrative cost.

Other Expenses Line 7

This broad category includes many items. The following list is intended for guidance only and is not an attempt to include all costs a program may incur: payments to providers on behalf of clients, space costs, communication, lease payments for equipment, general agency insurance, mailing costs, equipment maintenance costs, interpreter costs, printing costs, depreciation, accounting and audit costs and consulting fees.

Consultants are those persons or agencies that are utilized for a limited project that is not a direct client service. Examples include hiring a consultant for preparation and analysis of client surveys, conducting a community needs assessment, accounting and auditing services or computer services.

The general distinction between service and administrative costs applies. Service costs must directly relate to the provision of Title Part B/MHI services. All other costs are administrative.

Some specific examples:

Space costs: Service costs would include the space occupied by the direct service staff. Also, space used for a food pantry can be included in service costs. All other space costs are administrative.

Communications: Service costs would include the portion of communication expenses for the direct service staff only, all other costs are administrative.

Other service costs: Some examples of other direct costs are expenses for client mailings, printing of client brochures, equipment lease and maintenance expenses for items used specifically by the direct service staff, or language interpreters used for clients.

Other administrative costs: Some examples include accounting and auditing costs, general agency insurance, costs associated with general agency mailings or printing and depreciation.

Indirect Costs Line 9

These are always administrative and when combined with other administrative costs, must fall under the 10% cap. This cost category can only be used if an agency has received an indirect rate approval from the State of Michigan or another Federal funding source. Nonprofits and State Universities must submit documentation of the indirect rate approval with their Ryan White Part B/MHI budgets.

Other Cost Distributions Line 10

Generally only used by Health Departments, these are always administrative and when combined with other administrative costs, must fall under the 10% cap.

Note: Document prepared January 2003. Categorical descriptions and division between service/program and administrative costs outlined above are subject to change based on revisions to state or federal policy and legislation.

Attachment F
HIV Continuum of Care Services RFP 2010
Letter of Intent to Apply for Funds
SUBMIT BY 5:00 P.M. EST ON Monday, March 15, 2010.

TO:

(In person, by mail or by fax, must be received by HAPIS by deadline)

Note: Please call Hope McElhone at (517) 241-8563 to confirm that your Letter of Intent has been received by DHWDC, HAPIS within 24 hours of submission.

Attn: Hope McElhone

HIV/AIDS Prevention and Intervention Section
Division of Health, Wellness and Disease Control
109 Michigan Avenue, 9th Floor
Lansing, MI 48913
517.241.5911 Fax

Name of Organization: _____

Address: _____

Contact Name _____

Contact Title _____

Contact Phone Number: _____ FAX: _____

E-mail: _____

Type of Agency: CBO/NGO _____ Government Agency _____
Minority based agency _____ Hospital/State University _____ Other Health Center _____

Geographic Area/Counties to be served:

Total amount of funding request: \$ _____

The agency will apply for funding for the following eligible services:

****PLEASE CHECK ALL THAT APPLY****

Core Medical Services

Ambulatory/Outpatient Health Services _____

Oral Health _____

Early Intervention Services _____

Home Health Care_____

Hospice Services_____

Mental Health Services_____

Medical Nutrition Therapy_____

Medical Case Management (including treatment adherence)_____

Substance Abuse-outpatient_____

Support Services

Non-medical Case Management _____

Child Care Services_____

Emergency Financial Assistance_____

Food Bank/Home Delivered Meals_____

Health Education Risk Reduction_____

Housing Services_____

Linguistic Services_____

Medical Transportation Services_____

Outreach Services_____

Psychosocial Services_____

Referral for Health Care and Supportive Services_____

Rehabilitation Services_____

Respite Care_____

Treatment Adherence Counseling_____

Attachment G
HIV Continuum of Care Services RFP 2010
PROPOSAL SUMMARY

Name of Organization: _____	
Address: _____	
Contact Name and Title: _____	
Contact Phone Number: _____	FAX: _____
E-mail: _____	

Type of Agency:	CBO/NGO _____	Government Agency _____
	Hospital/State University _____	Other Health Center _____
Geographic Area/Counties to be Served: _____		
Total Amount of Funding Request: \$ _____		

Proposal Summary

(Must be signed by individual authorized to enter into agreements on behalf of organization)

I hereby certify to the best of my knowledge and belief that the programmatic and financial information contained in this Application is true and correct. I further understand that completion of this application does not guarantee funding.

Signature of Contracting Agent _____

Date _____

Print Name _____ Title _____

Attachment H-1

HIV Continuum of Care Services RFP 2010

ASSURANCE FORM: NON PROFIT COMMUNITY BASED ORGANIZATIONS AND NON-GOVERNMENT ORGANIZATIONS

We, The Board of Directors of _____ acknowledge that we have reviewed the application for funds submitted to Michigan Department of Community Health, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section, (MDCH, DHWDC, HAPIS) in response to the Request for Proposals for HIV Continuum of Care Services issued in 2010.

Further, we understand that if our application is funded, we will enter into an agreement with MDCH, DHWDC, HAPIS, which will contain certain expectations in terms of program operations, reporting, staff development, and fiscal oversight.

We also provide the following assurances:

1. That the Board of Directors convenes on a regularly scheduled basis (not less than quarterly) and that minutes of those meetings are available for review.
2. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the Board of Directors.
3. The Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
4. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
5. The Treasurer of the Board of Directors has been fully informed of his/her responsibilities.
6. The Board of Directors has an Audit and/or Finance Committee that convenes and communicates regularly with the Treasurer and other Board members to assist in understanding and responding to financial developments.
7. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
8. The agency and its employees, volunteers and subcontractors (if applicable), provide assurance that confidentiality of all records shall be maintained. No information obtained in connection with individuals served by the program operated by the above named agency will be released without the expressed written consent of the individual client.
9. That all services delivered as part of this application for funds will be delivered according to a specific contract negotiated with MDCH, DHWDC, HAPIS and that services will follow guidelines established by the Health Resources Services Administration, Centers for Disease Control and Prevention, and the Public Health Service.
10. That all services delivered will be culturally and linguistically appropriate.
11. That all services have incorporated the following into protocols and practices, if appropriate:
 - Linkage and referral to HIV care services for comprehensive care
 - Linkage and referral to HIV prevention services for the purpose of stopping the spread of HIV
 - Linkage and referral to Partner Services and as appropriate, hepatitis C, TB, substance abuse, mental health, STD and other treatment services
 - Linkage and referral to HIV drug adherence activities

ATTACHMENT H-1, PAGE 2

Signature: _____ Date: _____

Must be signed by Board member or entity authorized to enter into agreements on behalf of organization.

Printed or Typed Name: _____

Title: _____

NOTE: A complete roster of all current members of the Board of Directors, including names, addresses, and affiliation must be submitted with this form.

Attachment H-2

HIV Continuum of Care Services RFP 2010

ASSURANCE FORM: GOVERNMENT AGENCIES, HOSPITALS OR STATE UNIVERSITIES

I, _____ as the individual authorized to enter into an agreement for _____ for the purposes of providing HIV related services acknowledge that I have reviewed the application for funds submitted to Michigan Department of Community Health, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section, (MDCH, DHWDC, HAPIS) in response to the Request for Proposals for HIV Continuum of Care Services issued in 2010.

Further, I understand that if the application is funded, we will enter into an agreement with MDCH, DHWDC, HAPIS, which will contain certain expectations in terms of program operations, reporting, staff development, and fiscal oversight.

I also provide the following assurances:

1. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
2. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
3. The agency and its employees, volunteers, and subcontractors (if applicable), provide assurance that confidentiality of all records shall be maintained. No information obtained in connection with individuals served by the program operated by the above named agency will be released without the expressed written consent of the individual client.
4. That all services delivered as part of this application for funds will be delivered according to a specific contract negotiated with MDCH, DHWDC, HAPIS and that services will follow guidelines established by the Health Resources Services Administration, Centers for Disease Control and Prevention, and the Public Health Service.
5. That all services delivered will be culturally and linguistically appropriate.
6. That all services have incorporated the following into protocols and practices, if appropriate:
 - Linkage and referral to HIV care services for comprehensive care
 - Linkage and referral to HIV prevention services for the purpose of stopping the spread of HIV
 - Linkage and referral to Partner Services, and as appropriate, hepatitis C, TB, substance abuse, mental health, STD and other treatment services
 - Linkage and referral to HIV drug adherence activities

Signature: _____ Date: _____

Printed or Typed Name: _____

Title: _____

Organization Name: _____

Attachment I

HIV Continuum of Care Services RFP
2010

TECHNICAL ASSISTANCE CONFERENCE CALL REGISTRATION

Please submit questions and registration to Hope McElhone on or before March 15, 2010.

FAX to: Hope McElhone at 517.241.5911/mcelhoneh@michigan.gov

RSVP

HIV Continuum of Care RFP

Technical Assistance Conference Call

Wednesday, March 17, 2010, from 10:00 A.M– 12:00 Noon

Call in number 1-877-411-9748

Access Code: 3315912, then press #

Organization Name: _____

Names of persons participating on the call:

Our organization is unable to participate: _____